



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ON-SITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR ATTACH LETTER FROM A PERMITTED SEPTAGE DISPOSAL SERVICE.

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EXISTING TANK INFORMATION

	LEGEND:	MATERIAL:	BAFFLED: [Y / N]
[] GALLONS SEPTIC TANK/GPD ATU	LEGEND:	MATERIAL:	BAFFLED: [Y / N]
[] GALLONS SEPTIC TANK/GPD ATU	LEGEND:	MATERIAL:	BAFFLED: [Y / N]
[] GALLONS GREASE INTERCEPTOR	LEGEND:	MATERIAL:	
[] GALLONS DOSING TANK	LEGEND:	MATERIAL:	# PUMPS: []

I CERTIFY THAT THE ABOVE NOTED TANKS WERE PUMPED ON ____ / ____ / ____, HAVE THE VOLUMES SPECIFIED, ARE STRUCTURALLY SOUND, AND HAVE A [] SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE [] INSTALLED.

SIGNATURE OF LICENSED CONTRACTOR	BUSINESS NAME	DATE
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EXISTING DRAINFIELD INFORMATION

[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM	NO. OF TRENCHES []	DIMENSIONS: _____ X _____
[] SQUARE FEET	SYSTEM NO. OF TRENCHES []	DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND []		
CONFIGURATION: [] TRENCH [] BED []		
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] Dosed SYSTEM		
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]		

SYSTEM FAILURE AND REPAIR INFORMATION

	TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[] SYSTEM INSTALLATION DATE	[] METERED WATER [] TABLE 1, 64E-6, FAC
[] GPD ESTIMATED SEWAGE FLOW BASED ON	
SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING	
CONDITIONS: [] SLOPING PROPERTY []	
NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE	
FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE []	
FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD	
SYMPTOM: [] PLUMBING BACKUP []	

REMARKS/ADDITIONAL CRITERIA

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____